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FOREWORD

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Janice V. Bowie 8-16-99
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INTRODUCTION

The goal of the research is to explore denominational differences in doctrine related to preventive health, specifically, prostate cancer, and to determine the capacity of churches to engage in prostate health promotion. The research is being conducted in three phases: Phase 1 included selection of predominantly African American denominations to participate in the research, formation of a steering committee to guide the research activities, collection of literature, and the completion of in-depth interview with ministers from each of the denominations. In Phase 2, a mail survey, will be sent to randomly selected ministers to assess the current prostate cancer-related activities engaged in by the ministers and their churches, the acceptability of a wide range of activities and prostate cancer messages/materials that might be integrated into sermons or other channels of communication. During Phase 3, tailored prevention messages will be developed and disseminated. To the extent that messages are made compatible with men's religious beliefs and offered by a source that has credibility with them (e.g., their minister), they are likely to have an influence on their prostate health behaviors. This research has the potential benefit of providing templates for sermon development, congregation counseling and health promotion programs that are denominational-specific and can be tailored for use by other local church bodies. Involving church organizations at national and regional levels in development and implementation of public health research helps to forge new relationships at a macro level and increase the application of the findings and, thus, the chances of well-sustained programs.

BODY

This section lists each task outlined in the approved Statement of Work and provides a detailed summary of each of the activities for year one of the grant.

Task 1: Convene first meeting of the Steering Committee

- a) Denomination selection occurred for three denominations: Seventh Day Adventist (SDA), Presbyterian, and Baptist. A fourth denomination has not been selected but several attempts were made to include either the Nation of Islam or Church of God in Christ (COGIC). After several letters and telephone calls (none of which were returned), the steering committee decided to proceed with conducting other Phase 1 activities while continuing to pursue a fourth denomination for Phase 2 and 3 components.

Three candidates have been put forth by members of the steering committee for consideration as a fourth denomination: United Methodist, African Methodist Episcopal (AME), and Catholic. No formal contact has been made with any of these denominations but ministers from both AME and United Methodist have expressed interest. In the original proposal denomination selection was based on factors such as having a large number of black members (as a denomination), known as well as unknown differences in doctrine addressing health practices, beliefs about behavioral influences and healing, and SES characteristics. For some of these reasons, AME and United Methodist denominations may not be as informative for the study's purpose as, perhaps, Catholics or

some other denomination. Discussions with the steering committee along with an expressed interest by a denomination in participating should lead to a decision for inclusion in the next phases of the study.

- b)** Representatives from each of the three denominations serve as members of the Steering Committee. Dr. DeWitt Williams is the SDA representative, Dr. Curtis Jones is the representative for the Black Presbyterian Caucus (BPC), and Reverend Cessar Scott is the representative for the Baptist General Convention (BGC) of Virginia. Each representative holds a position at an executive level within his respective denomination. Additional members of the steering committee include faculty, a urology oncologist, consultants, and a lay person. See **Appendix A** for a list of the members.
- c)** The first steering committee was held on October 28, 1998 with all but two members present. At that time, a lay representative had not been selected. Dr. Elder was unable to attend due to illness and Dr. Jones had a last minute change in plans. The purpose of the meeting was to outline the scope of the grant, to reiterate the role of members' involvement and to seek the committee's input in the development of Phase I. A subsequent meeting was held with Dr. Jones, the PI and another committee member to bring him up to date on committee activities. Additional meetings have been held between the PI and staff with various members of the steering committee and consultants. See **Appendix B** for minutes from the first meeting. A second meeting is being planned in early fall to report on Phase I activities and to outline plans for Phase II. A final date will be set after all members have been queried for date and time preferences.

Task 2: Collect Relevant Doctrine

- a)** Each of the ministers represented on the steering committee provided documents that pertain to doctrinal teaching as well as health materials used and/or developed by the denomination. An example of two of these documents are the SDA's "Ministries of Health and Healing: A Handbook for Health Ministries, Leaders, Educators and Professionals" and the Presbyterian's "Book of Order 1998-99: The Constitution of the Presbyterian Church (U.S.A.) Part II." With the exception of the SDA text, there has been a dearth of materials collected during the indepth interviews particularly relevant to the study. In preparation for the next steering committee meeting and to supplement what has already been collected, we will ask ministerial representatives to identify and bring materials, resources, names of individuals or units within the denomination that can aid in better understanding the doctrine and faith-based health literature.

Several ministers interviewed during Phase 1 have requested materials on prostate cancer. In response to these requests, materials have been obtained from the John Hopkins Cancer Information Service (CIS) coordinator. The materials have been reviewed and will be made available to ministers who requested them. A goal of Phase 3 is to make tailored materials available to each of the participating denominations.

- b)** Based on the limited materials provided thus far and described in the two preceding

paragraphs, reliance on selection of doctrine relevant to health and health behavior is being reviewed and analyzed from the data collected during Phase 1 qualitative interviews with ministers. A preliminary review of the items that correspond to doctrine and health indicate a shared scriptural basis for the denominations' views regarding health. However, the SDA denomination is unique in that its doctrinal teaching is both health oriented and health practiced and as such, guidelines exist for its clergy and members to carry out these principles. The collection of relevant doctrine and related material will be an ongoing effort throughout all phases of the study and will continue to include literature searches, requests to national organizations such as the National Council of Churches, American Cancer Society (ACS), National Cancer Institute (NCI), CIS, and prostate cancer support groups and advocacy organizations such as "Us Too" and "Brother to Brother."

Task 3: Conduct In-depth Interviews with 32 ministers

- a)** During the first steering committee meeting, Dr. Curbow (Investigator) led the committee through the process of identifying criteria for selection of churches and pastors for the in-depth interviews in Phase 1 of the study. Included in the criteria were factors such as 1) church size – small, medium or large; 2) church location -- rural, urban or inner city, or suburban; 3) geographic placement of the church – east, west, north, and south; 4) gender of the pastor; 4) age of the pastor; and 5) years as pastor of the church. Each steering committee ministerial representative was provided the criteria to guide his nomination of potential ministers to be interviewed. Subsequent to the meeting, the Johns Hopkins University (JHU) research team met and began to draft items for the in-depth interviews. Several drafts were distributed among the steering committee until a final version was accepted and it was felt by the JHU research team that an additional meeting of the steering committee was not needed for implementation of the Phase 1 in-depth interviews. **See Appendix C** for a copy of the Interview Guide.
- b)** Each of the ministerial representatives was asked to submit 10 to 12 names of pastors, home and church addresses, approximate size of each church's congregation, and type of setting of the church's location . Not all of the information was supplied completely and submission, in some cases, took longer than expected. Through the interviews, we would be able to verify and/or obtain information on these demographic characteristics that may have been unavailable to the ministerial representative. The list of Presbyterian ministers was generated through the Principal Investigator's attendance at a national Black Presbyterian Clergy Conference in St. Louis, Missouri in April, 1999. Steering committee ministerial representative, Dr. Curtis Jones, President of the Caucus of Black Presbyterian Clergy, invited the PI to attend and deliver a presentation on the research study.
- c)** Approval was granted by the Army Medical Research and Materiel Command and the JHU Committee on Human Research (CHR) for all phases of the study and supporting documents. **See Appendix D** for copies of the consent documents for Phase 1 and Phase 2.
- d)** The original count of 32 ministers was changed to 24 (8 per denomination) since a fourth

denomination has not been chosen. A total of 36 ministers' names comprised the list used to generate in-depth interviews. Letters were mailed to all of the names provided and none were returned. Approximately 3 to 4 weeks later a second priority reminder mail letter was sent to those who had not been contacted or scheduled for an interview. See **Appendix E** for copies of the letter of invitation and the reminder letter to ministers to participate in the Phase 1 in-depth interviews.

- e) To date, a total of 20 interviews have been completed. It is anticipated that the additional four interviews will be completed by the end of August, 1999. The period of time to complete Phase 1 interviews has taken considerably longer than was anticipated. The primary reason has been the number of attempts required to make contact and schedule an hour long interview (approximate time) with ministers. The following is a breakdown of the current participation by denomination (as of 8/12/99).

Denomination	Letters Mailed	Refusals	Unable to Contact#	Completed Interviews
SDA	19*	1	3	5
Presbyterian	9	0	2	7
Baptist	18	0	4	8

*An SDA minister who declined to participate was the pastor of two churches.

#Ministers either unable to contact or schedule an interview.

Task 4. Analyze Qualitative Data

- a) The 20 completed interviews were transcribed as they were acquired. See **Appendix F** for a copy of the transcript of three interviews from each of the denominations. At the time of instrument construction, a set of domains was developed and used to organize and focus the questions in the final in-depth interview guide. At this stage of the analysis, responses are being recorded by domain and item, and denomination to identify consistent themes and highlight items that need refining for possible inclusion in the Phase 2 mail survey. Based on preliminary reviews of the data, members of the research team who conducted the interviews have constructed items for the Phase 2 mail survey. See **Appendix G** for a first draft.
- b) The next stage of analysis will include the development of a content code list using **Tally**. The **Tally** software is a qualitative content analysis tool that encodes transcripts and open-ended questionnaires. It is anticipated that the automated assignment of codes will further enhance and clarify the findings identified in other manipulations of the data (e.g., recording responses by denomination).
- c) A summary of the findings from Phase 1, along with a draft of the Phase 2 mail survey, will be reviewed with the steering committee at the meeting to be held in the fall. Copies of these documents will be mailed beforehand to focus and expedite discussion.

KEY RESEARCH ACCOMPLISHMENTS

Each of the accomplishments refer to completion of tasks outlined in the approved Statement of Work for year one of the grant.

- Final selection of three denominations
- Formation of the steering committee
- Development of Phase 1 in-depth interview guide
- Approval of human subjects by USAMRMC and CHR
- Implementation of Phase 1 activities
- Commencement of analysis of Phase 1 qualitative data

REPORTABLE OUTCOMES

- Abstract submission to the American Public Health Association for the 1999 APHA Conference on a related study of prostate cancer and spirituality. **See Appendix H** for a copy. (PI)
- Presentation on the related topic of religion, health, and women delivered at the Maryland AIDS Administration's Conference on Women's Issues and HIV on October 22, 1998. (PI)
- Presentation on the topic of urban and community health included discussion of the study delivered at JHU's Black History Month program on February 11, 1999. (PI)
- Presentation on the study delivered at the National Black Presbyterian Caucus Clergy Conference on April 22-22, 1999. (PI)
- Presentation on the topic of religion and coping included discussion of the study and preliminary findings delivered at a lunchtime seminar in the School on August 6, 1999. (Consultant to the study: Dr. Kenneth Pargament, Associate Professor of Psychology at Bowling Green State University and author of the book "The Psychology of Religion and Coping.")
- Training grant awarded by USAMRMC in January, 1999 to the PI on the related topic of "The Assessment of Spirituality as a Function of Quality of Life in Prostate Cancer Patients."

CONCLUSIONS

- The majority of the tasks outlined in the approved Statement of Work have been completed within the first year of the grant. This allows the research to transition into year two as proposed and within the expected time frame.
- A cohesive group of knowledgeable and experienced researchers, consultants, ministers, and staff has been formed and are expected to continue as a committed body making decisions affecting the next two phases of the study. This approach to participatory research is novel, and yet, well suited for this study. There has been no staff turnover since the project's inception which facilitates continuity into the next phases of the study.
- Preliminary findings from Phase 1 have been informative in increasing the body of knowledge and understanding of the relationships between church and health, and as such, the impetus and the importance of continuing this research is well documented.
- The gaps and obstacles present in year one can be overcome. Plans have been cited in the "BODY" section of the proposal that describe recruitment of a fourth denomination for Phases 2 and 3. Additionally, the steering committee will discuss at its next meeting ways to increase timely participation and response rates of prospective ministers for the Phase 2 mail survey. Ministerial representatives will be asked to draft or allow a cover letter with their signature and letterhead to accompany the mail surveys.
- This research study is one of its kind in seeking to understand the role of religious teaching at a denominational level. It further seeks to assess the needs of denominations, churches, and ministers' capacity to engage in and influence preventive health behaviors of congregations and communities surrounding church settings. Assessment of these factors is essential to creating messages and materials that are compatible with religious beliefs, and offered in a format that is conducive to the resources of the local church.
- This research study has enabled the Principal Investigator to receive a training award to further examine issues related to spirituality, prostate cancer, and quality of life. The goals of the studies are complimentary and will potentially serve to increase the body of scientific knowledge on the effects of spirituality in influencing cancer prevention, treatment and control.

APPENDIX A

List of Steering Committee Members

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8/13/99

APPENDIX B

Summary of the first Steering Committee Meeting - October 28, 1998

ROLE OF AFRICAN AMERICAN CHURCHES IN PROSTATE CANCER PREVENTION

STEERING COMMITTEE MEETING, OCTOBER 28, 1998

SUMMARY

Present: Visitors--Dr. Bernard Glassman, Jr., Dr. Kenneth I. Pargament, Reverend Cessar L. Scott, Dr. DeWitt Williams. Hopkins--Dr. Janice V. Bowie, Ms. Donna Cox, Dr. Barbara A. Curbow, Dr. Chris Gibbons, Dr. Michal Granot, Dr. Thomas LaVeist, Mr. Bruce Sanders, Reverend Douglas Wilson.

The meeting began with introductions and an overview of the study by Dr. Bowie, the principal investigator.

Introductions

Dr. Bowie is a behavioral scientist on the faculty of the Department of Health Policy and Management (HPM), School of Hygiene and Public Health (SHPH), The Johns Hopkins University (JHU). Her interests include the role of religion as an influence on health-seeking behaviors. Ms. Cox is Director of Cancer Information at the Johns Hopkins Medical Institutions and is responsible for public queries about cancer. Dr. Curbow, a psychologist in HPM, is a specialist in psychosocial factors in cancer prevention and treatment. Dr. Gibbons was attending as a member of the Preventive Medicine Fellows Program in HPM and also as a member of the Seventh-Day Adventist Church (SDA). Dr. Glassman develops consumer-oriented, tailored health messages and as such is a consultant to the project. Dr. Granot is a postdoctoral fellow in HPM and is working with Drs. Bowie and Curbow on a number of studies. Dr. LaVeist is also a member of the HPM faculty, whose interests include black and men's issues in health outcomes. Dr. Pargament is professor of psychology at

Bowling Green State University and is an experienced investigator in the intersecting areas of religion, psychology and health. Mr. Sanders is a member of the HPM faculty with a longtime interest in community research and outreach programs. Reverend Scott was attending as a representative of the Baptist General Convention of Virginia. He has several years' experience in church-related health initiatives. Dr. DeWitt Williams was representing the World Headquarters of the SDA, where he is the Health and Temperance Director. Reverend Douglas Wilson is Community Services Director for the Johns Hopkins Oncology Center and liaison between the Center and Churches United for the Renewal of East Baltimore (CURE).

Invited but unable to attend were Dr. Kerron Elder, Sr., a staff oncologist at Liberty Medical Center in Baltimore where he is a specialist in prostate cancer treatment, and Reverend Dr. Curtis A. Jones, President of the National Black Presbyterian Caucus; he also is a Baltimore resident.

Background and Overview

Dr. Bowie explained that the Army (Department of Defense) was administering this research as part of health funds originally targeted for breast cancer research. It is well-known that African American men are disproportionately susceptible to prostate cancer, and that health education measures need to be improved in the areas of prevention and early detection for this group.

The overall aim of the study is to determine the role of African American churches in promoting prostate cancer prevention. The investigators realize the need to look at differences among denominations to design cancer information messages apropos to different audiences--that a general message is less likely to be effective.

The 30-month project will be conducted in three phases. In the first phase, four national denominations will be selected for study; a steering committee convened; church doctrines analyzed; and interviews conducted with ministers from each of the four denominations. In phase two, a mail survey will be conducted with the goal of 800 questionnaires completed and returned by ministers located nationwide in the four denominations. The goal for the survey is to gain information for assessing current prostate cancer practices pursued by the ministers and their churches. This will enable the study team to draft messages for each denomination. In the third phase of the study, the tailored messages will be developed and disseminated.

As can be noted from the list of those attending, the Steering Committee includes representatives from three denominations. Dr. Bowie is in the process of recruiting a representative from a fourth group, the Church of God in Christ (COGIC), a Pentecostal church.

Dr. Williams questioned whether enough is known, medically,

about prostate cancer to be emphasizing prevention. It was agreed that while primary prevention may not be feasible yet, early detection constitutes a form of secondary prevention that is quite attainable.

Presentation by Reverend Cessar Scott - Baptist

Reverend Scott said that member churches of the Baptist General Convention of Virginia (BGC) became active in developing health programs about 16 years ago when the Virginia State Health Department recognized that the church could be an excellent medium for initiating a high blood pressure education program. One reason for this stems from the demographics of black church memberships, wherein people tend to move away from the site of the church but remain affiliated with it. They are generally more affluent than those who stay behind, and they often feel some responsibility for the old community. Coupled with the church's mission of charity, this responsibility has found expression in health promotions, such as blood pressure education and screening. "Homecoming" is another phenomenon that can encourage health promotion. People "come back" in large numbers to occasions of fellowship featuring meal-taking as virtually a rite. These get-togethers have served as a venue for nurses within the church to educate people away from unhealthy eating behaviors. There are plans to present health fairs along with the homecoming which would include prostate and hypertension screening.

Reverend Scott went on to say that the Baptist denomination operates from the bottom up. Consequently, there is little centrally-directed activity. The individual church has autonomy unto itself. Annual meetings and workshops do offer a forum for the exchange of ideas and experience, but each church receives this information through its "messengers" and then can do what they please with it. Baptists in North Carolina are advancing towards a more centralized arrangement that allows for concerted health efforts. It is generally incumbent on the individual to present a healthy being to God, which leads the church to focus on practices that promote healthy pathways for the members.

For many Baptists the Minister's Conferences have been an important means for gathering information. They usually meet on a weekly basis and exchange ideas. Whether ministers are active in the conference or not, they still support it and have access to any information presented at these meetings.

In terms of conducting this research, Reverend Scott suggested interviewing--whether in person or by phone--as the best means of reaching the 32 ministers to be contacted in the first phase. Generally, mailed surveys are met with a poor response from this group. Second, each minister should be asked to nominate someone else as study respondent, but not to be a respondent himself. Messages tailored to denominations is an excellent idea, and they should aim at getting an individual to think about prostate cancer in terms of someone close to him

having it, someone who could have benefitted from seeking early detection.

Dr. Gibbons asked about lay acceptance of health messages delivered in black Baptist churches. Dr. Scott responded that ministers usually enjoy the respect of their lay members and they are accepting of their ideas.

Dr. Pargament asked how ministers are appointed. Dr. Scott advised that Baptist ministers do not get appointed. Ministers must submit resumes and then committees of the laity make the choice. Ministers tend to stay with one church for a long time, often 20 years or more, and that longevity depends largely on maintaining the respect of the members, plus an admired preaching style. Therefore, messages and directives are taken seriously, even when not fully acted on. Lifestyle turnaround is slow. One example of a behavior that is not much addressed is tobacco use by Baptists, who tend to be concentrated in the South, i.e., where tobacco growing means jobs.

Drs. Glassman and LaVeist asked about the influence of media and theology education in Baptist health endeavors. There is a growing emphasis on education for Baptist clergy, which will have an impact on the way health education is administered. However, outside of annual meetings, inter-church programs, etc., the media and Internet, are not stressed by Baptist churches.

Dr. Bowie inquired, what would a typical response be on learning one had prostate cancer? It would vary from one person to the next. One interpretation would be that it was a trial to overcome, while others might see it as a punishment from God, e.g., for prohibited behavior; this is a typical response to an AIDS diagnosis. Dr. Gibbons asked if this punishment interpretation would result in depression, a belief that there was no point in reforming. Reverend Scott said that would be towards the extreme, and that a more common response would be to turn to God for help. Dr. Pargament added that illness may be looked on as coming from the Devil, also a trial that God can help the person overcome.

Reverend Dr. DeWitt Williams - Seventh Day Adventist

Reverend Williams mentioned as an example the growing interrelationships among churches, an ecumenical trend, the Black Ministers' Alliance, a coalition that puts health high on its agenda.

Dr. Williams said that health is a bedrock value of the SDA. God tells man in Genesis what to eat and the bible emphasizes a vegetarian diet, an example of a biblical health message corroborated by modern science. Christ may have talked about health more than any other factor. Indicative of the place of health within the spiritual domain, SDA members are enjoined to eschew all meat, tobacco, and alcohol; temperance is to be taken as abstinence. Nevertheless, 4% of SDAs smoke and 12% admit to

using alcohol. It may be taken that new members can find it hard to live up to this standard. Formerly, lapses from abstinence would likely lead to dismissal, but the emphasis now is on rehabilitation. Perhaps, not enough emphasis is being placed on the health messages in the Bible, As an example, monogamy prevents sexually transmitted diseases.

The SDAs have 4700 churches in North America or 1/10 of the entire SDA membership worldwide; 25% of the U.S. members are black. In every SDA district there is a health ministry. Some early U.S. health studies included SDAs in their populations, one from the 1950s reporting that SDAs lived 12 years longer than those outside the denomination. A recent study revealed that SDAs adhering strictly to their code lived 12 years longer than SDAs who did not comply as rigorously.

Regardless of how rigorously one might follow a healthful regimen, genetics plays its part in every individual's life. This was brought home to Dr. Williams when he learned that despite his own history of compliance with the SDA 's requirements, he was recently diagnosed with prostate cancer. Although he initially felt let down, his successful recovery strengthened his faith. Dr. Glassman said that sometimes a disease with its roots in the genetics of the individual might be taken as the result of risky behaviors within that person's family, and that the "family has sinned." Dr. Pargament said that there is often a lack of specificity in the Bible and that one has to reach for the

interpretation. Reverend Wilson said that it's the wrong tack to take when one sees God as merely giving one what one wants: God wants a two-way relationship with man, and man needs to be listening for God. Dr. Gibbons remarked that while one cannot know what is in store for him, God does know. He added that lay leaders in black and Latino communities tend to be the deliverers of health messages, rather than health professionals.

Study Tasks

In the afternoon session, Dr. Bowie recounted the tasks that were underway for the study and those in the offing, mentioning one current activity on the part of Dr. Granot, who is conducting a literature search. The Steering Committee members were asked to provide any doctrine or information they have. Dr. Bowie is writing the human research documents required by the Army; a similar package has been submitted to and approved by the JHUSHPH Committee for Human Research, but of course, the requirements are different. For those clergy among the Steering Committee, candidates will be solicited for participation in the phase-one survey. The aim is to get about 48 nominees to achieve 32 completed surveys, that is, eight from each of the four denominations. In addition to the interviews, to be conducted by Drs. Bowie and Curbow, these ministers will be asked to send written materials about the doctrines related to health in their respective churches.

Dr. Pargament asked if the Nation of Islam (NOI) had been

considered for inclusion in the study. Dr. Bowie did extend an invitation locally but received no response. Being a top-down organization, someone at the national headquarters should be contacted. Reverend Williams said he knows a person who is a NOI member and would ask about how to proceed. A Lutheran group had been approached, also, but declined to participate. It was noted that comparatively few African-Americans are Lutherans.

Going back to Reverend Scott's recommendations of the morning session, Dr. Bowie said that we might have to reconsider the strategy, given the ambitious scope of work, which includes writing, sending, receiving, and analyzing 800 or so questionnaires.

Dr. Glassman cautioned that there is never enough time with this type of study, to which Drs. Bowie and Curbow responded with a request that the Committee review the criteria for nominating the phase-one subjects.

Dr. Barbara Curbow - Phase I activities

Dr. Curbow said that besides representation among the four denominations the other characteristics for inclusion in the phase-one interview group were distribution according to geographic area; urban versus rural church sites; generational differences; small versus large congregations; and gender. How would we select methods for assuring diversity on these lines, and were there other characteristics we should consider?

Other suggestions were to consider affluence, using ministers' education as a proxy (it was suggested that there may be an inverse relationship here, with minister's increased education meaning more emphasis on broader message-making, away from preaching the gospel per se--that is, less stress put on matters strictly spiritual versus somatic health).

Other ideas included choosing ministers whose church memberships were growing versus those that were shrinking; this could be done by asking size of congregation "today compared to this time a year ago;" Using the ten National Institutes for Health administrative regions would allow for comparing the study population characteristics with those of the public in these areas. We might want to weight the selection towards seniority in office--that is, we would want ministers with enough experience to respond with confidence based on experience.

It was decided that with only 32 respondents at this stage, not to be overly concerned with statistical balance, and therefore, to drop gender and age distribution as criteria, given that there are few women and few very young people heading ministries. It was agreed that the ministers should be selected using the following criteria; denomination, urban versus rural, and small versus large. One more suggestion was to recruit both a given church's minister and the (lay) health and temperance leader, to ensure enough responses. A problem with this could develop from the study team having too many nominees.

In wrapping up the meeting, Dr. Curbow said that the next steps would be for the study team to contact the Committee by November 15 with the draft interview questionnaire, asking for their comments and their phase-one interview nominees; we would ask the Committee to respond no later than December 15. In the meantime, the study team would pursue recruiting a fourth denomination. The next meeting with the Committee should occur sometime in the summer of 1999, and we would begin organizing for a meeting date soon.

It was decided that the final selection of the oversample of 32 nominees should be made by the JHU study team, from lists sent by the Steering Committee's clerical members. This was to include Dr. Jones, of the Black National Presbyterian Caucus, if possible.

APPENDIX C

Ministerial In-depth Interview Guide - Phase I

School of Hygiene and Public Health

Department of Health Policy and Management
Faculty of Social and Behavioral Sciences
624 N. Broadway, 7th Floor
Baltimore MD 21205-1996
(410) 955-2312 / FAX (410) 955-7241

Interview Questionnaire

I. Characteristics of your church

- A. How many years has your own church been located at its present site? _____ years
- B. What are the characteristics of the neighborhood where the church is located? Inner City?
Suburban? Rural?

- C. Over time, has the congregation tended to move out of the neighborhood where the church is located? ____yes ____no
- D. If the church were to relocate elsewhere, is it likely that the congregation would maintain membership and attendance?

II. Characteristics of the congregation

- A. About how many people are active members of the congregation (on church rolls and attending)? _____ approximate number of people
- B. What are the ages of the active adult members? Could you give us an estimate of the percentages?
1. Under age 45 ____%
 2. 45-65 ____%
 3. Over 65 ____%

C. What percentage of the total congregation is under age 18 ____%?

D. Compared to this time a year ago, is the total congregation growing? Shrinking? About the same?

Growing ____

Shrinking ____

About the same ____

E. What are the percentages of men and women among the total congregation? ____%

F. How do most members get to church?

III. Information about the pastor

A. Please tell us if you are the pastor of your church. If you are another person delegated to do this interview, please specify your role in the church. _____ role in church

- Age on the last birthday ____
- Marital status ____
- Male or Female ____
- Educational background ____ number of years of school completed

B. How long affiliated with present church? ____ years

IV. Denominational doctrine

A. Please explain briefly the doctrine of your denomination.

B. How does the doctrine apply to health and healing?

C. Are there some key references in scripture used by your denomination that address health?

D. In your denomination, are there scriptures that guide ministers in teaching and preaching on health?

E. Do you ever speak to your congregation about health matters, such as blood pressure or cancer screening? If no, please skip to H. ☐ yes ☐ no

F. If you answered yes to E, under what circumstances do you speak to the congregation? For example, do you speak to them in women only or men only groups, such as about breast cancer screening for women or prostate cancer screening for men?

G. Is someone else in your church assigned to speak with the congregation about health matters? What is the role of this person within the church?

H. Do you integrate scriptures into health messages? Can you give examples?

I. To your knowledge, how does your denomination differ from others on scriptural sources for teaching about health behavior?

J. To your knowledge, does your own church differ from other congregations within the same denomination on teaching about health behavior?

K. Considering the rapid growth in medical and health sciences, has doctrine in your denomination changed in relation to these developments?

L. What is your response to the oftentimes heard statement that illness is "God's will"?

V. General health issues

A. Thinking about all of the responsibilities that ministers carry, what is the relative importance you assign to health issues? What duties would be the most important? [please give examples]

B. What kinds of health activities or programs do you think your particular church should sponsor or take part in?

C. Has your church sponsored any health-related activities during the past six months? If yes, please describe them.

- D. Are there any health-related topics that you think are unacceptable for your church to sponsor or participate in (e.g., HIV/AIDS education, condom distribution program in local high schools)?

- E. As a pastor, you have sometimes had the unfortunate experience of having members who are ill and dying. Can you give an example of how you respond to these crises with the patient, family and congregation?

- F. Given the number of deaths related to lifestyle, have you used these events as opportunities to deliver messages to your congregation to promote living a healthier lifestyle?

VI. Prostate cancer issues

- A. How do you see prostate cancer as a health issue compared to other health problems your congregation may face?

B. Under what circumstances would you discuss prostate cancer with your own congregation?

C. Are there any key scriptures endorsed by your denomination that would interpret a diagnosis of prostate cancer as God's will or God's punishment?

D. Are there any prostate cancer messages, materials, and programs offered by your denomination? If so, how satisfied are you with them?

E. Have you or anyone in your immediate family have or ever had prostate cancer?

F. How would you rate your level of knowledge of prostate cancer on a scale of 1 to 10 with 1 representing "No knowledge" and 10 representing "Complete knowledge"?

1	2	3	4	5	6	7	8	9	10
No									Complete
knowledge									knowledge

G. How did you gain this knowledge?

Are there any topics or questions that you advise us to cover when we conduct our mail survey of ministers in your denomination?

Thank You!

COMMENTS:

APPENDIX D
Consent Documents

**The Johns Hopkins University
School of Hygiene and Public Health
Committee on Human Research**

Title of Research Project:

CHR# H.30.98.02.04.B

Title: The Role of African American Churches in Cancer Prevention Services: PHASE I

Explanation of Research Project:

STUDY PERSONNEL: This study is being funded by the U.S. Army Medical Research and Materiel Command and conducted by researchers at the Johns Hopkins School of Hygiene and Public Health. The researchers include: Dr. Janice Bowie (Principal Investigator), Dr. Barbara Curbow, Dr. Thomas LaVeist, and Reverend Douglas Wilson.

PURPOSE OF STUDY: As part of a research study on prevention of prostate cancer, we are surveying African American ministers in selected denominations in four regions of the United States. We are talking to ministers about their personal beliefs and their denomination's teachings about screening for prostate cancer. The purpose of the study is to find ways to help religious denominations develop prostate cancer prevention messages. Your name was submitted to us as a potential person to interview by a church leader in your denomination.

PROCEDURES: If you agree to participate in this study, we would like to talk with you for about one hour. We will ask you to tell us about your beliefs and church's teachings about prostate cancer and prostate cancer screening. We will also ask you about your experience with prostate cancer in your congregation.

RISKS/DISCOMFORTS: If there are any questions that we ask that you feel are private, you do not have to answer. Please let us know if you feel any discomfort. You may also stop the interview any time.

BENEFITS: We hope that in talking with you we can find out how denominations differ in their teaching about health and healing. To thank you for your time and help with this study, we will give you a complimentary gift soon after completion of the interview. You will not be asked to pay any costs to be in this study.

CONFIDENTIALITY: Everything you say in the interview, and any notes taken will be kept in private. We will keep all files in a locked cabinet in my office. We are only interested in information we collect from ministers as a denominational group, not you the individual. The interview will be audiotaped so that we do not have to write down answers to every question. After your interview is finished, nothing about you as an individual minister will be identified. The audiotapes will be transcribed, coded by an identification number, and then erased.

All data and medical information obtained about you as an individual will be considered privileged and held in confidence; you will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on your health may be required to be reported to appropriate medical or Command authorities. Representatives of the U.S. Army Medical Research and Materiel Command [and the Food and Drug Administration] may inspect the records of the research.

MEDICAL CARE: The Department of Defense is funding this research project. Should you be injured as a direct result of participating in this research project, you will be provided medical care, at no cost to you, for that injury. You will not receive any injury compensation, only medical care. You should discuss this issue thoroughly with the Principal Investigator, Janice Bowie, before you enroll in this study.

**The Johns Hopkins University
School of Hygiene and Public Health
Committee on Human Research**

Title of Research Project:

CHR# H.30.98.03.04.B

The Role of African American Churches in Cancer Prevention Services: PHASE II

Explanation of Research Project:

STUDY PERSONNEL: This study is being funded by the U.S. Army Medical Research and Materiel Command and conducted by researchers at the Johns Hopkins School of Hygiene and Public Health. The researchers include: Dr. Janice Bowie (Principal Investigator), Dr. Barbara Curbow, Dr. Thomas LaVeist, and Reverend Douglas Wilson.

PURPOSE OF STUDY: As part of a research study on prevention of prostate cancer, we are surveying African American ministers in selected denominations in four regions of the United States. We are talking to ministers about their personal beliefs and their denomination's teachings about screening for prostate cancer. The purpose of the study is to find ways to help religious denominations develop prostate cancer prevention messages. Your name was selected as a potential participant from a list of ministers within your denomination and region of the country. The list was provided to us by a leader in your denomination. We hope to survey 800 ministers. Results from the survey will help us to develop tailored messages for each denomination to use in promoting prostate health.

PROCEDURES: If you agree to participate in this study, you will be asked to complete and return the enclosed survey. It will take you about 30 minutes to complete the survey. We ask you to tell us about your beliefs and church's teachings about prostate cancer and prostate cancer screening. We also ask you about your experience with prostate cancer within your congregation.

RISKS/DISCOMFORTS: You do not have to answer any questions that you feel are private or make you feel uncomfortable. You can also choose not to complete the survey if you find it too distressing to do so.

BENEFITS: We hope that in asking you to complete the survey that we can find out how denominations differ in their teaching about health and healing. To thank you for your time and help with this study, we will mail you a complimentary gift soon after you complete and return the survey. You will not be asked to pay any costs to be in this study.

CONFIDENTIALITY: All the information you provide in the survey will be kept confidential. We will keep all survey forms in a locked cabinet in my office. We are only interested in the information we collect from ministers as a denominational group, not you the individual. You will be assigned a study identification number and that number will be used in data analyses. After you return the survey to us, nothing about you as an individual minister will be identified.

All data and medical information obtained about you as an individual will be considered privileged and held in confidence; you will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on your health may be required to be reported to appropriate medical or Command authorities. Representatives of the U.S. Army Medical Research and Materiel Command [and the Food and Drug Administration] may inspect the records of the research.

MEDICAL CARE: The Department of Defense is funding this research project. Should you be injured as a direct result of participating in this research project, you will be provided medical care, at no cost to you, for that injury. You will not receive any injury compensation, only medical care. You should discuss this issue thoroughly with the Principal Investigator, Janice Bowie, before you enroll in this study.

APPENDIX E

First letter of invitation to ministers and reminder letter

JOHNS HOPKINS
UNIVERSITY

School of Hygiene and Public Health

Department of Health Policy and Management
Faculty of Social and Behavioral Sciences
624 N. Broadway, 7th Floor
Baltimore MD 21205-1996
(410) 955-2312 / FAX (410) 955-7241

March 31, 1999

Dear Rev, Pastor or Dr.

Thank you for agreeing to participate in the in-depth interview portion of the "Role of Prostate Cancer Prevention in African American Churches" study funded by the U.S. Army and Materiel Command. I have enclosed a copy of the interview questionnaire for your information and to give you a chance to think about your responses beforehand.

Also, enclosed is a copy of the School's Committee on Human Research (CHR) Consent Form. Please read it thoroughly, sign and return it. We are **required** to have your signature ensuring your consent of voluntary participation. A self-addressed stamped envelope is included for your convenience. A member of our project staff will contact you in a few days to set up a convenient time to conduct the interview. We can also answer any questions that you may have about the consent document. The interview will last approximately one hour. Shortly after the interview you will receive a small token of our appreciation for your time and cooperation.

The information obtained from you will be used to develop the second phase of the study, which is to survey by mail up to 200 ministers representing your denomination. The final goal of the study is to work with each of the three denominations: Baptist, Presbyterian, and Seventh Day Adventist to tailor messages around prostate health that are unique to the denomination's doctrine.

On behalf of the three ministers serving on the Steering Committee, Reverend Cessar Scott, Dr. Curtis Jones, and Dr. DeWitt Williams, and the Hopkins study team, we thank you for your part in helping us to better address the problem of prostate cancer in African American males. Please feel free to contact me at 410-614-6119 or by E-mail at jbowie@jhsph.edu or one of the ministers if you have questions. Thank you and may God bless you.

Sincerely yours,

Janice V. Bowie, Ph.D., M.P.H.
Assistant Professor & Principal Investigator

Enclosures: Interview Questionnaire
Consent Form
Return Envelope

JOHNS HOPKINS
U N I V E R S I T Y

School of Hygiene and Public Health

Department of Health Policy and Management
Faculty of Social and Behavioral Sciences
624 N. Broadway, 7th Floor
Baltimore MD 21205-1996
(410) 955-2312 / FAX (410) 955-7241

June 22, 1999

Dear Reverend:

I am writing to urge you to schedule an hour-long interview to discuss your perceptions of the role of your church in addressing prostate cancer and other health-related issues.

Your involvement is vital to the success of this project, which we are conducting with the support of your denomination. As you know, submitted your name as an essential person to help us understand how health issues are viewed by your church. Several of your colleagues have already provided valuable input.

In case you mislaid the original interview guide, another copy is enclosed for your review in preparation for the telephone or in-person interview. Only an hour of your time is needed. A consent form is also enclosed for you to **sign and print your name and address**. Please return it in the self-addressed stamped envelope that has been provided.

A member of the staff will be contacting your office or home in the next few days to set up a convenient time for the interview. Please give your cooperation. I can be reached at 410-614-6119 if you have questions or wish to set up a time in advance of the telephone call. Thank you.

Sincerely yours,

Janice V. Bowie, Ph.D.
Principal Investigator

JVB/lr

Enclosures

APPENDIX F

Sample transcript of three ministerial interviews from Phase I (Confidential Information)

1

Seventh day Adventist ministers

4/14/99

I.

- A. 20 years
- B. S/E Washington, urban there is a park so it's looks urban, middle class or upper middle class, very stable, this more stable compare to other previous location in S/E.
- C. Yes, it was located in N/W until 1959, there are members that live here but most of them leave in other parts of Washington and in Maryland.
- D. They plan to survey this. They don't know, they have a school and they want to enlarge the school, you can't predict this. If they will not be able to build the school in this neighborhood they will need to move because of the school, the young wish to move, it is not the case for the older member.

II.

- A. 700 on the rolls, but 600 active
- B. (He is not familiar with the numbers and asked his secretary to help with this information).
- C. 25% , 200 kids
- D. Growing, they brought me here to revive the congregation, we saw a small increase after I became the pastor, in the first month they called attendance.
- E. 65% women
- F. We have good number that drive, the majority drives, there is Van pick-up for senior citizens or they take taxis.

III.

- A. role – senior pastor, age – 53 ,married, male, Doctor of ministry from Hartford seminary D.M.
- B. 6 months

IV.

- A. We are a Christian church that believes the in old and new testaments. We take the Bible literally unless it requires a symbolic or figurative interpretation. We tend to be a fundamentalist, reform protestant group. We have the same commitment to the bible as the protestant reform churches. In the 12th century there was a split, and our group is coming from the reform of the reformation. It is similar to Judaism in that we have the 7-day like Sabbath, i.e. Saturday is the day of rest .
- B. We believe that the body is the temple of God. The holy spirit dwell in us, if we are committed to God and under his control but we must keep our body health and clean for the holy spirit to dwell with in us. We put a strong emphasis on health and healing in terms of prevention practices. We need to do things in order to prevent disease such as maintain a healthy diet. Life style, temperance, nutrition, exercise, good water, sunshine. No excess of moderation in everything, and fresh air, rest and trust in God.

- C. Yes, 3 John: 1-2 ...prosper and is in health even as the soul prospers. And First Corinthians 6: 19-20... your body is the temple of the holy spirit. you should glorify God in your body and your spirit...
 - D. The text above and key.... Wine, alcohol and tobacco are bad for health.
 - E. Yes, also we have our officer health and temperance leader. We are very large and their job is collect information about health.
 - F. It is about health and to prepare people about seeking better health. We encourage people to be vegetarian and to have check-ups for blood pressure. We have special days that after (the prayer) we measure blood pressure or screening exams such as bone marrow for future need. We do this twice in a year we invite the community through posters or knock on doors or through advertising. Every-thing is done in the church. We believe in the "Hebrew kosher"...Leviticus 11, 1-29... and we avoid drinking alcohol or using drugs. We have our own text about what is written, it is similar to the Jewish faith.
 - G. We have a person who is responsible for health promotion. He is working with problems such as how to overcome stress, how to regulate weight, or to get rid of bad habits such as smoking, how to teach a new members in the church to have a healthy life. We have five-day stop smoking plan. We have regeneration, we practice this.
 - H. See above
 - I. Other groups that use the bible, may interpret it as a series of stories. We believe that the bible is true. We are reform it is who go back to the original teaching of the reforms. Our life style is different; we eat only clean food, no red meat, we emphasize high fibers and low fat. If somebody join us he need to avoid alcohol drugs and he needs to lead healthy life and diet.
 - J. This particular church is upper class black congregation, unfortunately the more educated the more liberal people tend to be and they are less likely to practice as rigorously as they should. This church is more liberal more philosophical. My previous church was more fundamental.
 - K. Since the 18-century we have put an emphasis on health. Try to catch up with us. We have doen a study that demonstrats that our beliefs are right. All these years we practiced a healthy life style because of our faith in the Bible, now there is proof that our faith is true.
 - L. We don't believe that. We believe that there is true power in the universe. First God is good, second—Satan is evil. The human family chose to follow Satan rather than God and therefore we have suffering and sickness, and death, as in the Eve and Adam story. Disease is the result of being far away from God. To reform is to come back to God.
- V.
- A. We have a saying in our church that health reform is the right arm of the gospel message. I've been a vegetarian all my life, I don't use alcohol and drugs, I try to be role model, I teach it and live it. I have challenges. The greater my responsibility, the greater my duties and practice.
 - B. Nutrition and cooking classes, health screening, rehabilitation with alcohol and drugs, encourage members to commitment to improve lifestyle.

- C. Health screening by professionals who are those volunteers from our congregation. We have facilities such as gymnasium and there we measure blood pressure and glucose and do diabetes screening.
- D. We don't believe in condom distribution. We have encouraged abstinence from sex. We don't believe in safe sex we have a strong family emphasis and focus on marriage. For AIDS we support the promotion of information to prevent, we believe that we need to help to those who are ill.
- E. This is bad timing, to talk about health issues we try to bring comfort and support, it is not good a opportunity to talk about health. It can cause sense of guilt, I don't want them to become healthy as a result of scaring them, but from honor to God. Our body is the honor that God gave us and that why we need to respect our body.
- F. Not when somebody dies but in general yes. We do that in times of opportunity, but not in relation to specific cases of death.

VI.

- A. I have had some suggestions that there is some connection between diet and stress and prostate cancer. I encourage members to do PSA, and to eat good food. I don't see any differences between prostate cancer and other diseases. You can't understand the reason for prostate cancer, but personally I think it is relates to diet.
- B. We emphasize for the African American male, I invited in my previous church, a specialist to talk about prostate cancer and I think to do this here also and by that to increase awareness and promote the preventive treatment.
- C. No
- D. I'll refer you to the headquarters in health ministers department. I don't have specific materials about cancer but I can take from the health ministers department.
- E. I don't know anyone in my family; I concern about my self because I need to go often to the restroom. I get a PSA very year which is as much as my health insurance allows me to do.
- F. 6
- G. my personal physician, attendant seminars, reading
- H. no at this moment
- I.

2

Baptist ministers

5/25/99

I

- A. – Since 1969
- B. – Inner city, homeowners, large own their homes, people do not move, very stable community.
- C. – No
- D. Yes, we are unique because of the strong economic base; therefore there is a strong stability.

II

- A. 12,000-15,000 people
- B. under 45 – 60% , 45-65 – 30%, over 65 – 10%
- C. 18% (250 children)
- D. growing about 100 people each year
- E. 75% - women
- F. drive, pick-ups are available only for seniors or for those who ask

III

- A. role – pastor – CEO, age – 54 ,married, male, Doctoral degree in Biblical counseling psychology,
- B. 13 years

IV

- A. We believe in being converted, priesthood of all believers. Every one can pray by himself to God. We have doctrine of trinity the Messiah is Jesus.
- B. We believe that sole is Preston. The totality of sole and body, sole refers to mental health and body refers to physical health. I don't think that mental illness is a result of less faith but it is better to cope with mental problem or condition that may be inherited disease, when you have a strong belief. It changes the way of coping with mental problems.
- C. We have a book "quick scripture for counseling". This has a recommendation for every situation. Its depends on your mental condition, if you have anxiety we use the 27th psalm.
- D. Yes. In Romans chapter 8. It deals with ones spiritual and physical life. This is emphasis of different types of body. It's said to love your neighbors like you love yourself.
- E. Yes. We have nurses and physicians that come to our church to help people to take check-up exams. We have many professional people that perform these activities such as social welfare ministers. There are many messages, for example the importance of prenatal care.

- F. We have specific groups for retired people or senior citizens that focus on health issues, and another for young people which focuses more on safe sex (but not condoms or HIV). Each group determines what to talk about and we have workshops. Every Sunday we have groups for laymen – just for men every-body can chose whether to go to male-only group or for both genders. Sometime it is both gender groups and sometime the genders are seperated.
 - G. We have a group to set up health fairs and workshops. A lot of them are registered nurses who volunteer. We even have a physicians from johns Hopkins. We recommend our people to have screening exams and routine check up such as blood pressure or blood tests.
 - H. Yes. Every time I get up to speak. I use many examples, Do you want a psychological or physiological example? If men have a psychological problems such as anxiety we go back to 27 psalm (... "my light"...). Then he is encourages and understands how to avoid this situation in the future because this psalm says you can predict situations in the early stages. ... If I diagnose a cancer early so my spirituality can save my life.
 - I. Each congregation is autonomous, I can sent only message of health that I want to because we don't have a bishop: I am independent, which is unique to Baptists.
 - J. Each Baptist church is unique. I grew-up in Arkansas, which is special place, very rural. The church was very dominant and the center for everything. What did not happen in the church didn't happened at all. Everything was in the church such as school, social life, everything. That why I'm trying to bring everything to the church here. We have drama groups; sports that promote health, health groups, dancing. Everything is in the church. We have 7 acres in Hunt Valley, with a swimming pool and we invest money in health promotion.
 - K. I think that more and more we are including health issues.
 - L. I do not believe in that, I don't teach that. The enemy comes to kill, but God comes to heal.
- V.
- A. It is very difficult to answer this question. I can't distinguish between the spiritual health and other problems. It is difficult to separate the general welfare and health. The whole aspects of religion relate to health and well being and welfare.
 - B. Health fairs such as training in CPR, first aid, high blood pressure and other screening such as blood glucose. Mental health such as support. I teach them how to be supporting, provide consoling, just to lesson to be with.
 - C. Yes, about 10 in a year, most months.
 - D. I will not talk about condoms and not about AIDS, I will encourage other to talk about such topics in workshops. But not in the Sunday message only in workshop settings.
 - E. This is a golden opportunity to talk about health and all other things; they are ready to listen during that time, even about life insurance. (*I asked about possibility of causing guilt feelings*) It depends how you talk about things. One doesn't cuant to cause a sense of guilt for the family.
 - F. I talk about my mother who died at age 87 years old; she had a healthy life this is good example of in occasion to the steps to a long life.

VI.

- A. Prostate cancer is not a big problem in our congregation, they are young. Smoking is more important and difficult because it affects your immune system and lungs. It is not the major focus, I think we have only 2-3 people that are receiving treatment for cancer and they work and function.
- B. I encourage prevention to get check-ups early. Prevention because it is more important than cure, especially for the old people.
- C. No. I don't believe that it is punishment. Jesus say that it is not like that, but if some one is born that he is blest and that God will watch his behavior.
- D. No
- E. No
- F. 5
- G. I have not done a complete course about this disease. I learn about it through pamphlets or an encyclopedia or magazines, not in a formal way like as CPR.

3

Presbyterian ministers

5/27/99 (telephone)

I

- A. - Since 1969
- B. - Urban, small. Low level of social ineconomie status
- C. Actually Yes, only 3% leave within 3 miles radius
- D. yes

II

- A. 180 people
- B. - Under 45 - 40% , 45-65 - 25%, over 65 - 35%
- C. 40 are children
- D. growing
- E. 65 -70% women
- F. drive

III

- A. role - pastor - CEO, age - 34 ,married, male, Master degree in divinity,
- B. 1 years (He has completed his first year at this church)

IV.

- A. The scripture of the bible describe the word of God. God of all first, and God works for their benefit.
- B. For those who need gods help (physically or emotionally), God will come through, When you need God, God is awake and alert to that situation.
- C. Not one in particular, it's depend what kind of help. There is a belief that Jesus was wounded for our pain that we will not have to have that pain, but it depend on the situation
- D. No, yes, (*I asked such as*)... no for the denomination is stand point.
- E. Yes
- F. It varies, not one way, like women activity is group that come together I talk about health. I take part in the American cancer association, and that why we favor prostate cancer, and breast cancer education. We have different forms and also blood pressure. I believe in physical, emotional and spiritual health are equally important and my messages are about this.
- G. We are fortunate to have a doctor in out congregation and a retired nurse that say: You keep your health and I'll keep you out of hospital. We don't have yet classes or group work-shops yet but this is planed.

- H. Yes, I talk about AIDS; I talk about the woman in the Bible that had the blood disease.
- I. Not much. Most about the same I hope...
- J. No
- K. Yes, our denomination has been dedicated to this focus for the last 10 years.
- L. Not necessarily true, I think that God permissive will, God like it to happen, let this to happen, but God not make it, God make it happen by allow this to happen.

V.

- A. It has a relative high priority, because the holistic being is important. Again, it can help your health; I'll make you healthy. If I minister to your spirit it will benefit your body.
- B. I don't know, because we are primarily on African - American church, we are focusing on diabetes, blood pressure and emotional wellness.
- C. No, Although yes for the young people ... on STD, such as a lecture.
- D. I will talk about that (safe sex) from a position of abstinence; this is the method of safe sex.
- E. It would vary, the primary focus is to heal the living family left behind exists, and you don't want to take advantage of the situation.
- F.

VI.

- A. Greater risk because it is African - American disease and men are in high risk.
- B. Under circumstances I'll talk about this no special circumstance. We need to talk about the PSA test . We will bring screening exams to the congregation, we plan to do this, but for now I strongly recommend that men will get these screening exams.
- C. No
- D. I think there is some, yes, I' am satisfied with it.
- E. No
- F. 8
- G. Working with ACS in terms of PSA screening, working with black men, organizations and churches to increase awareness.

APPENDIX G

Draft of Mail Survey to Ministers - Phase II

Draft Mail Survey - 1

I. Church Demographics

A. Which adjective would best describe the neighborhood where your church is located?

- ☐ urban
- ☐ inner city
- ☐ suburban
- ☐ rural

B. About how many people do you have regularly attending church? _____

C. Please indicate your best estimate of the age distribution of your active membership

1. ☐ % are under the age of 18
2. ☐ % are between the ages of 18 - 44
3. ☐ % are between the ages of 45-65
4. ☐ % are over the age of 65

D. What best describes what has happened to the size of your congregation in the last 12 months?

- ☐ Growing in number
- ☐ Shrinking in number
- ☐ About the same number

E. Among your adult members, what percentage are women? _____%

II. Information about the pastor

(NOTE: If you are a person delegated to complete this survey, please note here what position you hold in the church _____. The questions still refer to the pastor.)

A. ☐ male ☐ female

B. Age at last birthday _____

C. Current marital status

- ☐ single
- ☐ married
- ☐ separated
- ☐ divorced

D. How long have you been pastor of your present church? _____ years

E. How long have you been an ordained minister? _____ years

Mail Survey - Phase II

III. Denominational doctrine

A. Please explain briefly the doctrine of your denomination as it applies to health and healing

COMMENT: This question will be refined after evaluating the qualitative data from the pilot study.

B. Are there some key references in scripture used by your denomination that address health?

_____ yes _____ no

If yes, please provide at least one scriptural reference? (list below)

C. Have you ever spoken to your congregation about health matters, such as blood pressure or cancer screening? _____ yes _____ no

D. Are there health issues you would counsel individuals about but not the entire congregation?

_____ yes _____ no

If yes, please give at least one example (e.g., substance abuse)

E. Is someone in your church assigned to speak with the congregation about health issues? _____ yes _____ no

If yes, what is the role of this person within the church?

F. Have outside health professionals ever spoken to your membership about health issues?

_____ yes _____ no

If no, would you object to having health professionals come and speak to your membership about health issues? _____ yes _____ no _____ not sure

G. To your knowledge, does your denomination differ from others on scriptural sources for teaching about health behavior? _____ yes _____ no _____ not sure

H. To your knowledge, does your own church differ from other congregations within the same denomination on teaching about health behavior? _____ yes _____ no _____ not sure

I. On a scale of 1 to 5, indicate your level of agreement/disagreement with the following statements? Place a number next to each item to indicate your response. Number them such that 1= strongly agree 2= agree 3= somewhat agree 4= disagree 5= strongly disagree

_____ a. sickness is God's punishment

_____ b. sickness derives from individual bad habits

_____ c. sickness stems from sin

_____ d. sickness may have many sources but is not the direct will of God

Mail Survey - Phase II

Please provide any clarification or further comment you might wish:

IV. General health issues

A. In terms of allocating your time and energy, how would you rate the importance of time spent on health issues relative to other pastoral duties and responsibilities. (1 = most important; 10 = least important)? Health issues rate as # _____

B. What kinds of health activities or programs do you think your particular church should sponsor or take part in? **(Develop list)**

C. Has your church sponsored any health-related activities during the past six months?

_____ yes _____ no

If yes, please check all that apply **(Develop list)**

D. Are there any health-related topics that you think are unacceptable for your church to participate in or to sponsor? _____ yes _____ no

If yes, please give at least one example (e.g., condom distribution)

E. Given the number of deaths related to lifestyle, have you used these events as opportunities to deliver messages to your congregation to promote living a healthier lifestyle?

_____ yes _____ no

Mail Survey - Phase II

F. How did you acquire this knowledge? (check all that apply)

- ☐ from health professional or material that came to the church
- ☐ from personal physician
- ☐ from reading about in a newspaper or magazine
- ☐ from television
- ☐ from friend or relative

VI. General Questions

A. Are there health promotion materials or programs available to the congregation?

(Check all that apply)

- ☐ pamphlets
- ☐ video tapes
- ☐ audio tapes
- ☐ classes (e.g., how to do breast self-exams)
- ☐ counseling (e.g., substance abuse)
- ☐ individual ☐ group
- ☐ workshops
- ☐ Other (please specify) _____

D. Are there any prostate cancer messages, materials, and programs offered by your denomination? ☐ yes ☐ no

If yes, how satisfied are you with them? (Circle one)

1	2	3	4	5
Very Satisfied		Somewhat satisfied		Very Dissatisfied

E. In general, how would you describe your congregation's health?

- ☐ excellent
- ☐ good
- ☐ fair
- ☐ poor
- ☐ difficult to assess

Thank You!

OVERALL COMMENTS:

APPENDIX H

Copy of Abstract Submission to APHA



American Public Health Association

Abstract Submission Step 10: Abstract Content

E-mail Submission:

An e-mail confirmation is being sent to you including your abstract control number, #APHA99-00004002. Please use the Reply function of your e-mail program and attach your files to the message you receive. Please do not modify the subject or any of the information contained in the message.

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Documentation of the link between spirituality and health and medicine is increasing. Studies continue to show that strength and comfort from religion and spirituality is a strong predictor of the rate of recovery, survivorship and quality of life (QOL). However, there is evidence that spirituality as a domain of QOL is sorely lacking, and that males and minorities are consistently not enrolled in cancer clinical trials. Clearly, there is a need to rethink ways of examining the contribution of spirituality to health outcomes in these underrepresented populations. The study is being carried out in two phases. **Objectives.** The specific aim of Phase I is to conduct qualitative data collection using race-specific focus groups to elicit beliefs about religion and spirituality in the lives of prostate cancer patients. The specific aims of Phase II are to (1) design a survey instrument using information collected from the focus groups to assess the role of spirituality as a measure of quality of life; and (2) pretest the instrument in a second set of race-specific focus groups. **Methods.** African American, Asian, Caucasian and Latino or Hispanic men between the ages of 50 and 75 are being recruited to participate in focus group discussions. **Results.** Completion of Phase I activities will lead to the development of relevant items for the survey instrument and in Phase II, psychometric evaluations will lead to the development of a valid and reliable survey instrument. The information gained could increase the understanding of barriers to timely diagnosis, optimal treatment and survivorship.



DEPARTMENT OF THE ARMY
US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
504 SCOTT STREET
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REPLY TO
ATTENTION OF:

MCMR-RMI-S (70-1y)

21 Feb 03

MEMORANDUM FOR Administrator, Defense Technical Information
Center (DTIC-OCA), 8725 John J. Kingman Road, Fort Belvoir,
VA 22060-6218

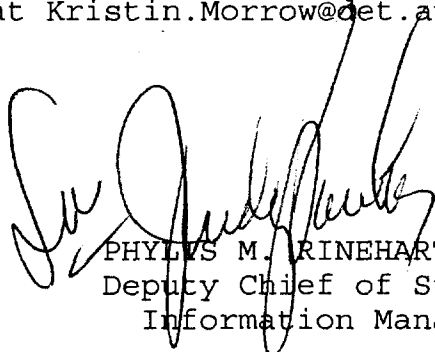
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1. The U.S. Army Medical Research and Materiel Command has reexamined the need for the limitation assigned to technical reports written for this Command. Request the limited distribution statement for the enclosed accession numbers be changed to "Approved for public release; distribution unlimited." These reports should be released to the National Technical Information Service.

2. Point of contact for this request is Ms. Kristin Morrow at DSN 343-7327 or by e-mail at Kristin.Morrow@det.amedd.army.mil.

FOR THE COMMANDER:

Encl


PHYLLIS M. RINEHART
Deputy Chief of Staff for
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